

SECRETARY OF THE STATE
FAX FILING SERVICE REQUEST

FAX NO. (860) 509-6069

Business Name: _____

Indicate Type of Service Requested:

Expedited service: ☐ Non-expedited service: ☐ Certified Copy: ☐

Confirmation: ☐ Legal Existence: ☐ Plain copy: ☐

By indicating Customer ID, you are hereby
authorizing debit of the account

Customer ID: _____

OR

Visa or MasterCard Only

Credit Card #: _____ Expiration Date: ____/____
Month Year

Zip code of cardholder: _____

Name and address
of requesting party:

Return Fax # () _____

Contact Person: _____ Phone # () _____

Number of pages including transmittal sheet: _____